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FILED OCT 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30510

BIRTH NO. ____ REG. DIST. NO. ____ PRIMARY REG. DIST. NO. ____ Registrar's No. ____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY: St. Clair	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osceola c. LENGTH OF STAY (in this place): 66 years	c. CITY OR TOWN: Osceola d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Todd's Hospital	e. STREET ADDRESS (If rural, give location): 0930

3. NAME OF DECEASED (Type or Print)	a. (First) Jessie	b. (Middle) May	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year): Oct;4,1955

5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: Nov;21,1876	9. AGE (In years last birthday): 78	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country): Morgan County Missouri	12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Theodore Williams	13b. MOTHER'S MAIDEN NAME: Sarah J. Jones	14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Cora Stephens, Lowry City Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma - intestinal — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) 153X

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Effusion thro fistulous opening - into abdominal wall - 4 days duration

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1953, 19__, *to* 10-4, 1955, *that I last saw the deceased alive on* 10-4, 1955, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ruth Seevers M.D.	23b. ADDRESS: Osceola Mo	23c. DATE SIGNED: 10-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-6-55	24c. NAME OF CEMETERY OR CREMATORY: Lowry City	24d. LOCATION (City, town, or county) (State): Lowry City Mo

DATE REC'D BY LOCAL REG.: 10-6-55	REGISTRAR'S SIGNATURE: Ruth Seevers 2880	25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Bradshaw Funeral Home Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...

Licensed Embalmer No..39

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.